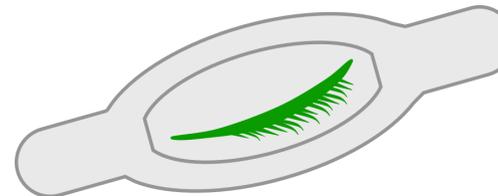


KLZ MEDICAL

EyeLocc™

Eyelid Occlusion Dressings



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EyeLocc™

Eyelid Occlusion Dressings

About EyeLocc™

The EyeLocc™ is a unique dressing specifically designed for eyelid occlusion during general anaesthesia.

It provides quick, complete and safe eye closure. This ensures that the eye maintains its moisture throughout the procedure, and is protected from external harm.



Each pouch contains 2 dressings, 1 for each eye

- * Saves theatre time.
- * Easy to apply and remove.
- * Sterile to combat spread of hospital acquired infections such as MRSA/VRE.
- * Prevents complications such as exposure keratopathy and corneal abrasions.
- * Clear window for monitoring the eye.
- * Conforms completely to the eye socket leaving no gaps.



Exposure keratitis

The anaesthetist may also incur extra costs. Eye injuries account for 2-3% of legal claims against anaesthetists¹. This number could be reduced significantly with adequate methods of eye injury prevention in place. Litigation costs to hospital and/or medical staff can be extremely high. Therefore, a simple prevention method can save a fortune.



The EyeLocc™ conforms perfectly to the eye socket

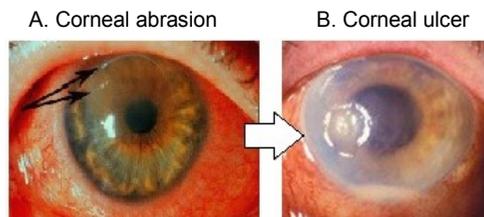
¹Wallis, A 2014. *Unpublished research*, Department of Anaesthesia, Launceston General Hospital, TAS, Australia.

EyeLocc™ saves you money

The EyeLocc™ decreases theatre time consumption. This is due to the quick and easy application of the dressing as opposed to tape. Tape is very fiddly and with gloved hands it can be difficult to apply effectively.

Each minute in the operating theatre costs an average of \$66⁴. This includes OR fee, anaesthetist fee, other personnel and medications used to keep the patient under anaesthesia. Using EyeLocc™ saves around 30 seconds per case, compared to using tape⁵. Thus the hospital will save approximately \$33 per case by using EyeLocc™.

The cost of treating corneal abrasions can also be quite substantial. The hospital will incur extra costs associated with diagnosis, treatment and the extended stay.



A corneal abrasion can turn into a corneal ulcer (ulcerative keratitis) if proper treatment is not commenced within 18 hours

⁴Shippert, RD 2005, 'A study of time-dependent operating room fees and how to save \$100 000 by using time-saving products', *The American Journal of Cosmetic Surgery*, vol. 22, no. 1,.

Why is eyelid occlusion necessary?

59% of people under general anaesthesia experience lagophthalmos, or incomplete eye closure. As a consequence, they can suffer from exposure keratopathy, a condition in which the cornea dries out¹.

The symptoms the patient may experience include pain and irritation, foreign body sensation, tearing and photophobia. In addition, exposure keratopathy can allow the cornea to attach to the inside of the eyelid, causing a corneal abrasion upon opening. Corneal abrasions in theatre can also result from direct trauma from items such as drapes, face masks, surgical instruments and anaesthetic circuits.

Many cleaning solutions such as Betadine, chlorhexidine and alcohol may be very harmful to the eyes. When preparing for surgery, especially on the face, neck or shoulder, droplets may enter the eye causing chemical injury².

¹Nair, PN & White, E 2014, 'Care of the eye during anaesthesia and intensive care', *Anaesthesia and Intensive Care Medicine*, vol. 15, no. 1, pp. 40-43.

²C Marcucci, NA Cohen, DG Metro & JR Kirsch 2008, *Avoiding Common Anesthesia Errors*, Lippincott Williams & Wilkins, Philadelphia PA USA

Issues with current methods

Current methods of protecting the eyes do not provide total protection.

Ophthalmic ointments do not protect against direct trauma, and have side effects such as blurred vision and irritation.

Tape may not provide or maintain complete eye closure, therefore insufficient moisture is retained in the eye. It can also contribute to trauma upon removal such as ulceration or bruising of the eyelid or eyelash removal¹.



Tape being removed from eye post-procedure

Research shows that as many as 51% of partly used rolls of tape test positive for MRSA and/or VRE³. With a growing rate of hospital acquired infections and antibiotic resistant bacteria, eliminating such a risk is an essential part of prevention.

³Clinical and Laboratory Standards Institute 2010, 'Performance Standards for Antimicrobial Susceptibility testing: Twentieth Informational Supplement', *CLSI Document M100-S20*.

EyeLocc™ benefits

Sterile and individually wrapped, the EyeLocc™ significantly decreases application and removal time, and the risk of cross-contamination.

An inner clear window allows for intraoperative monitoring of eye closure, while an outer opaque border assists with correct placement of the dressing. The dressing is extremely flexible, making it conform perfectly to the eye socket leaving no gaps.



The inner window section has gentle

adhesive, preventing eyelid trauma and removal of eyelashes, while ensuring the eye remains closed throughout the procedure.

The outer section has stronger adhesive, completely sealing the eye against foreign materials. It also maintains eye closure for extended periods of time.

Non adhesive tabs allow for easy application and removal, even with gloved hands.